

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9226</u>	2 Fiscal Year Covered From <u>1 / 1 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>DAVID M MAURO</u> P O Box, Bldg , Room No , if any Street <u>1532 Columbus Ave</u> City <u>Burlingame</u> State <u>Calif</u> ZIP Code + 4 <u>94010-4</u>	4 Name, file number, and address of labor organization Name <u>IBEW #617</u> Labor Organization File Number <u>030-282</u> P O Box, Building and Room Number, if any Street <u>1701 Leslie</u> City <u>SAN MATEO</u> State <u>CALIF</u> ZIP Code + 4 <u>94402-4</u>
5 Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>David M Mauro</u>	On <u>8/12/05</u> Date	<u>650 340-8495</u> Telephone Number

Name of Person Filing DAVID M MAURO	File Number U- 030-282
--	-------------------------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name IBEW #617 Health Welfare / Pension IBEW # 617 Health + Welfare / Pension</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p style="padding-left: 20px;">a Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b Trust</p> <p style="padding-left: 20px;">c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name IBEW 617 Health + Welfare / Pension</p> <p>Trade Name if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street 1120 Bascom</p> <p>City SAN JOSE</p> <p>State CALIF ZIP Code + 4 95128-4</p>	<p>11 a Nature of such dealing</p> <p>LOST WAGES</p> <p>ReImburse d Expense</p> <hr/> <p>11 b Approximate dollar value of such dealing \$ 4102.82</p> <p>12 a Nature of interest held or income received</p> <p>LOST WAGES</p> <p>ReImbursed Expense</p> <hr/> <p>12 b Amount \$ 4102.82</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

H&W

Ck # 9808 \$ 126.45
9940 \$ 756.83
#10266 \$1,168.13

4/28/04 - 4/30/04 Airfare Reimbursement
4/28/04 - 4/30/04 Expense Reimbursement
11/30/04 - 12/4/04 IFEBP Expense Reimbursement

Investment
Institute
TUCSON
AR2
IF CONFERENCE

PENSION

Ck# 9442 \$ 126.45
9623 \$ 756.82
10075 \$1,168.13

4/28/04 - 4/30/04 Airfare Reimbursement
4/28/04 - 4/30/04 Expense Reimbursement
11/30/04 - 12/4/04 IFEBP Expense Reimbursement

Investment
Institute
IF CONFERENCE